

STATE LICENSED APPRAISER CANDIDATE EXPERIENCE LOG

Page #:
Please number each page

Name:

Office File #	Appraisal Date (mm/dd/yy)	Property Address	Form #	Property Type*	Type of Assistance e.g., 2(a)(b)(d)	# of Work hrs.	Points Claimed	Inspections w/ Supervisor**
		Client Name:						
		Street:						
		City, State:						
		Client Name:						
		Street:						
		City, State:						
		Client Name:						
		Street:						
		City, State:						
		Client Name:						
		Street:						
		City, State:						
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		Street:						
		City, State:						
		Client Name:						
		Street:						
		City, State:						
		Client Name:						
		Street:						
		City, State:						
		Client Name:						
		Street:						
		City, State:						

Applicant Signature:_____

Subtotals for this Sheet:

I, _____, do hereby verify that I personally accompanied this trainee on each of the first 100 interior/exterior
Supervisor's name, printed
residential property inspections OR first 20 claimed points for non-residential property inspections. I also acknowledge that I have properly supervised all of the properties claimed on this page by this trainee as per USPAP regulations.

Supervisor Signature_____

Supervisor Certification Number_____

*1.Residential, 2.Commercial, 3.Industrial, 4.Agricultural, 5.Land, 6.Other, 7. 2-4 Family Units
**Separate Appraisal Logs shall be maintained for Each supervising appraiser